

226073

2002.319.T

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID SW <b>EASYM-1</b>	DATE (MM/DD/YYYY) <b>09/22/10</b>
<b>PRODUCER</b> <b>Roberts &amp; Roberts Div</b> <b>Arthur J Gallagher Risk Mgt Sv</b> <b>P. O. Box 29368</b> <b>Greensboro, NC 27429-9368</b> <b>Phone: 336-217-5480 Fax: 336-275-1776</b>		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
<b>INSURED</b>  <b>Easy Movers, Inc.</b> <b>11021 Downs Road, Suite C</b> <b>Pineville NC 28134</b>		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: <b>Vanliner Insurance Company</b> INSURER B: <b>Liberty Mutual Insurance Co.</b> INSURER C: INSURER D: INSURER E:	<b>NAIC #</b>

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>		<b>GENERAL LIABILITY</b>	<b>GLV381680005</b>	<b>09/24/10</b>	<b>09/24/11</b>	EACH OCCURRENCE
		<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>				<b>\$ 1,000,000</b>
		<input type="checkbox"/> <b>CLAIMS MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>				<b>\$ 100,000</b>
		<input checked="" type="checkbox"/> <b>\$1000 PD Ded.</b>				<b>\$ 5,000</b>
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				<b>\$ 1,000,000</b>
						GENERAL AGGREGATE
						<b>\$ 2,000,000</b>
						PRODUCTS - COMP/OP AGG
						<b>\$ 2,000,000</b>
<b>A</b>		<b>AUTOMOBILE LIABILITY</b>	<b>TRV381680005</b>	<b>09/24/10</b>	<b>09/24/11</b>	COMBINED SINGLE LIMIT (Ea accident)
		<input type="checkbox"/> ANY AUTO				<b>\$ 1,000,000</b>
		<input type="checkbox"/> ALL OWNED AUTOS				<b>\$</b>
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				<b>\$</b>
		<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per person)
		<input type="checkbox"/> NON-OWNED AUTOS				<b>\$</b>
						BODILY INJURY (Per accident)
						<b>\$</b>
						PROPERTY DAMAGE (Per accident)
						<b>\$</b>
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT
		<input type="checkbox"/> ANY AUTO				<b>\$</b>
						OTHER THAN EA ACC
						<b>\$</b>
						AGG
						<b>\$</b>
		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				<b>\$</b>
		<input type="checkbox"/> DEDUCTIBLE				<b>\$</b>
		<input type="checkbox"/> RETENTION \$				<b>\$</b>
						<b>\$</b>
<b>B</b>		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>WC535S369930 *</b>	<b>02/21/10</b>	<b>02/21/11</b>	<input checked="" type="checkbox"/> <b>WC STATU-TORY LIMITS</b> <input checked="" type="checkbox"/> <b>OTH-ER</b>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				<b>\$ 500,000</b>
		If yes, describe under SPECIAL PROVISIONS below				<b>\$ 500,000</b>
						<b>\$ 500,000</b>
						E.L. DISEASE - POLICY LIMIT
						<b>\$ 500,000</b>
<b>A</b>		<b>Motor Truck Cargo</b>	<b>CGV381680005</b>	<b>09/24/10</b>	<b>09/24/11</b>	<b>\$1000 Ded \$200,000</b>
		<b>Warehouse Legal</b>	<b>CGV381680005</b>	<b>09/24/10</b>	<b>09/24/11</b>	<b>\$1000 Ded \$375,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Not all officers have elected workers compensation coverage.

**CERTIFICATE HOLDER**

<b>PUBLI-6</b>  <b>Public Service Commission</b> <b>of South Carolina</b> <b>101 Executive Center Dr</b> <b>Columbia SC 29210</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Paul C. Cal</i>
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AUTHORIZED REPRESENTATIVE

*Paul C. Cal*

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